

IFJ

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/624,086	
	Filing Date	JULY 21, 2003	
	First Named Inventor	HO	
	Group Art Unit	2873	
	Examiner Name	SCHWARTZ, J.M.	
Total Number of Pages in This Submission		Attorney Docket Number	D-2895CIP2

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of _____ CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

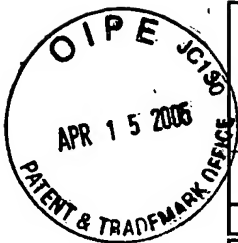
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Frank J. Uxa Registration No. 25,612
Signature	
Date	4/13/05

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 703-872-9306, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	JANET MCGHEE		
Signature		Date	4/13/05

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FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Application claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 120

Complete if Known

Application Number 10/624,086
Filing Date July 21, 2003
First Named Inventor ho
Examiner Name SCHWARTZ, J.M.
Art Unit 2873
Attorney Docket No. D-2895CIP2

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number 21-0890 Deposit Account Name FRANK J. UXA

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) associated with this communication ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
Subtotal (1)							0

2. EXCESS CLAIM FEES

Fee Description				Small Entity	
				Fee (\$)	Fee (\$)
Each claim over 20 or , for Reissues, each claim over 20 and more than in the original patent				50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent				200	100
Multiple Dependent Claims				360	180
<u>Total Claims</u>				<u>Multiple Dependent Claims</u>	
<u>Extra Claims</u>				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-20 or HP = _____ x _____				_____	_____
HP = highest number of total claims paid for, if greater than 20					
<u>Indep. Claims</u>				<u>Extra Claims</u>	<u>Fee (\$)</u>
-3 or HP = _____ X _____				<u>Fee Paid (\$)</u>	_____
HP = highest number of independent claims paid for, if greater than 3					
				<u>Subtotal (2)</u>	0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

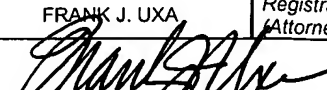
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 = _____ /50= _____ (round up to a whole number)				
Subtotal (3)				0

4. OTHER FEE(S)

- ☐ Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)
☐ Non-English Specification: \$130 fee (no small entity discount)
☒ 1-month extension of time: \$120 fee (\$60 small entity discount)
☐ 2-month extension of time: \$450 fee (\$225 small entity discount)
☐ 3-month extension of time: \$1020 fee (\$510 small entity discount)
☐ 4-month extension of time: \$1590 fee (\$795 small entity discount)
☐ 5-month extension of time: \$2160 fee (\$1080 small entity discount)
☐ Information Disclosure Statement Fee: \$180 fee (no small entity discount)
☐ Notice of Appeal: \$500 fee (\$250 small entity discount)
☐ Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount)
☐ Request for Oral Hearing: \$1000 fee (\$500 small entity discount)
☐ Utility Issue Fee: \$1400 fee (\$700 small entity discount)
☐ Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)
☐ Request for Continued Examination: \$790 fee (\$395 small entity discount)
☐ Other: _____

Subtotal (4) 120

SUBMITTED BY

Name (Print/Type) FRANK J. UXA Registration No. 25,612 Telephone 949-450-1750
Signature  Date 4/13/05